MIN MIDI II MINIMATANIA CO								SERIAL NO.				FILING DATE			
MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)									APPLICANT(S)						
	(FOR US	E WITH F	ORM PI	0-875)								: 		
<u> </u>	AS F	ILED	AFTER 1st AMENDMENT		AFTER		LAIN	S	• •				•		
	IND.	DEP.	1st AMEN	DEP.	2nd AME								•		
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